

07/26/2018 10:02 FAX

POSTED  
007/26/18

0003/0015

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's LimoBEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

DOCKET

NUMBER:

2018 - 251 - T  
~~2012 - 284 - I~~

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Maxie O. Agnew, Sr.

Telephone:

864-392-1888Address: 107 Cherokee Rd.

Fax:

N/ABelton, SC 29627

Other:

864-642-8591

Email:

Imaire@autotravelsllc.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☐ Request for Name Change on Certificate☐ Application - Class C Taxi☐ Request to Amend Scope of Authority☐ Application - Class C Charter☐ Request to Amend Tariff (rate increase, etc.)☒ Application - Class C Charter Bus☐ Request to Amend Passenger Limit☐ Application - Class C Non-Emergency☐ Request☐ Application - Class C Stretcher Van☐ Exhibit☐ Application - Class E Household Goods☐ Late-Filed Exhibit☐ Application - Class E Hazardous Waste☐ Letter☐ Application☐ Proposed Order☐ Request for Extension to Comply with Order☐ Publisher's Affidavit☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Reservation Letter☐ Request for Cancellation of Certificate☐ Response☐ Request for Suspension☐ Return to Petition☐ Request for Reinstatement☐ Other: JS

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210

Phone: (803) 896-5100

Fax: (803) 896-5199

## APPLICATION FOR CLASS C CHARTER BUS CERTIFICATE

Date: 7-20-2018

## CLASS C - CHARTER BUS

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. A+W Travels, LLC

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

107 Cherokee Rd., Belton, SC 29627

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

864-392-1888

Phone

NA

Fax

Inquire @ awtravels llc. Com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship☒ Partnership - List names and addresses of all person having an interest in the business.☐ Corporation - List names and addresses of two principal officers.Maxie O. Agnew, Sr.128 W.T. Agnew Circle, Anderson, SC 29621Undrea A. Walker121 Taylors Trail, Anderson, SC 29621

07/26/2018 10:03 FAX

☒ 0005/0015

## DESCRIPTION OF EQUIPMENT

[illegible]

07/26/2018 10:03 FAX

0006/0015

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

A & W Travels LLC

Name of Motor Carrier

107 Cherokee Rd., Belton, SC 29621

Address of Motor Carrier

**Amount of Premium:**

**Limits Quoted: (See Below)**

Liability Insurance \$ 8,367

Limits \$1,000,000 CSL

The above quoted premium is for a term of 12 months.

**Minimum Limits - Intrastate Only:**

1-7 Passengers \$ 25,000/50,000/25,000

8-15 Passengers \$ 25,000/100,000/25,000

Columbia Insurance Company (NAIC 27812)

Name of Insurance Company

1314 Douglas Street Suite 1400 Omaha, NE 68102-1944

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

08/22/2017

Date

Thomas P. Wood - Managing Member Thomas Wood Insurance Agency LLC

Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

3506

07/26/2018 10:03 FAX

0007/0015

5,000,000 CSL

M-5444 (01/2010)

# **FORM E** **UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE** **LIABILITY CERTIFICATE OF INSURANCE**

(EXECUTED IN TRIPLICATE)

Filed with SC Office of Regulatory Staff (hereinafter called Commission)  
 (Name of Commission)

This is to certify, that the Columbia Insurance Company  
 (Name of Company)

(hereinafter called Company) of 1314 Douglas Street, Suite 1400, Omaha, NE 68102-1944  
 (Home Office Address of Company)

has issued to A & W TRAVELS LLC

(Name of Motor Carrier)

of 107 CHEROKEE RD, BELTON, SC 29627  
 (Address of Motor Carrier)

a policy or policies of insurance effective from 10/27/2017 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commissioner.

Countersigned at 1314 Douglas Street, Suite 1400 Omaha NE 68102-1944  
 (Street Address) (City) (State) (ZIP Code)

this 27th day of October, 20 17

Authorized Representative

Insurance Company File No. 71APS074795  
 (Policy Number)

5,000,000 CSL

This form determined by the National Association of Regulatory Utilities Commissioners and promulgated pursuant to the provisions of Section 202(b)(2) of the Interstate Commerce Act (49 U.S.C. § 302(b)(2)) and 49 CFR § 387.301

**Exhibit Fit, Willing, and Able (FWA)**A + W Travels LLC

Name of Applicant

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, list judgements here:

4. Is Applicant familiar with all insurance regulations and safety regulations governing charter bus carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210


Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.


S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

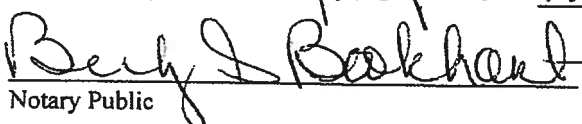
  
Applicant's Signature

  
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )  
COUNTY OF Anderson )

SWORN TO BEFORE ME

This 26 day of July, 2018

  
Notary Public

Commission Expires 2/1/2028

Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

A+W Travels LLC

Applicant's Name

### Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and if familiar with all applicable U.S.D.O.T. regulations relating to the safe operation of commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392;395 and 396);
6. Is in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes

☐ Not Applicable

**Exempt Applicants** - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☐ Yes

☒ Not Applicable

**Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.**

I, Maxie Q. Agnew Sr., verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

SWORN TO BEFORE ME

This 26 day of July, 2018

Berry B. Bookhart  
Notary Public

Commission Expires 2/1/2028

[Signature]  
Applicant's Signature

Print Application



07/26/2018 10:04 FAX

0011/0015

Print Form

STATE OF SOUTH CAROLINA  
 SECRETARY OF STATE  
 ARTICLES OF ORGANIZATION  
 Limited Liability Company – Domestic  
 Filing Fee - \$110.00

CERTIFIED TO BE A TRUE AND CORRECT COPY  
 AS TAKEN FROM AND COMPARED WITH THE  
 ORIGINAL ON FILE IN THIS OFFICE

MAR 09 2015

*Mark Hammond*  
 SECRETARY OF STATE OF SOUTH CAROLINA

**TYPE OR PRINT CLEARLY IN BLACK INK**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

1. The name of the limited liability company (Company ending must be included in name\*)

A & W Travels, LLC

\*NOTE: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C." "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is

128 W. T. Agnew Circle

Street Address

Anderson, 29621

City

Zip Code

3. The initial agent for service of process is

United States Corporation Agents, Inc.

Name

*CM*  
 Signature of Agent

and the street address in South Carolina for this initial agent for service of process is

1591 Savannah Highway, Suite 201

Street Address

Charleston, 29407

City

Zip Code

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

- (a) LegalZoom.com, Inc.

Name

101 N. Brand Blvd., 11th Floor

Street Address

Glendale

City

California

State

91203

Zip Code

- (b)

Name

Street Address

City

150311-0224  
 A & W TRAVELS, LLC

FILED: 03/09/2016

Filing Fee: \$110.00 ORIG


Mark Hammond

South Carolina Secretary of State

Name of Limited Liability Company A & W Travels, LLC

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. \_\_\_\_\_
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.
- (a) \_\_\_\_\_  
 Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
- (b) \_\_\_\_\_  
 Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under §33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.
8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time.  
 \_\_\_\_\_
9. Any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.
10. Each organizer listed under number 4 must sign.
- CM  
 Signature of Organizer By: Cheyenne Moseley, Assistant Secretary of LegalZoom.com, Inc. (Organizer)  
 Date 03/05/2015
- \_\_\_\_\_  
 Signature of Organizer  
 Date \_\_\_\_\_

## South Carolina Department of Public Safety, State Transport Police

	<b>USDOT#</b>	<b>Legal:</b> A & W TRAVELS LLC		<b>Review Date:</b>
	3038127	<b>Operating (DBA):</b>		1/10/2018
<b>Part A - General Information</b>				
<b>MC/MX #:</b> 43173		<b>State #:</b>		<b>Federal Tax ID:</b>
<b>Review Type:</b> Safety Audit – New Entrant		<b>Location of Review/Audit:</b> State Field Office		
<b>Scope:</b> Entire Operation		<b>Territory:</b>		
<b>Operation Types</b>	<b>Interstate</b>	<b>Intrastate</b>		
<b>Carrier:</b>	Non-HM	N/A	<b>Business:</b> Corporation	
<b>Shipper:</b>	N/A	N/A	<b>Gross Revenue:</b> \$175,000.00	
<b>Cargo Tank:</b>	N/A		<b>for year ending:</b> 12/31/2017	
<b>Company Physical Address:</b>				
107 CHEROKEE RD BELTON, SC 29627, US				
<b>Contact Name:</b> Maxie O Agnew Sr - Partner (Officer)				
<b>Phone numbers:</b> (1) 864-392-1888		(2) 864-642-8591		<b>Fax</b>
<b>E-Mail Address:</b> inquire@awtravelsllc.com				
<b>Company Mailing Address:</b>				
107 CHEROKEE RD BELTON, SC 29627, US				
<b>Carrier Classification</b>				
Authorized For Hire				
<b>Cargo Classification</b>				
Passengers				
<b>Driver Information</b>				
	<b>Interstate</b>	<b>Intrastate</b>	<b>Average trip leased drivers/month:</b> 0	
<b>&lt; 100 Miles:</b>	0	0	<b>Total Drivers:</b> 3	
<b>&gt;= 100 Miles:</b>	3	0	<b>CDL Drivers:</b> 3	
<b>Equipment</b>				
	<b>Owned</b>	<b>Term Leased</b>	<b>Trip Leased</b>	
<b>Motor Coach</b>	1	0	0	
<b>Power units used in the U.S.:</b>		1		
<b>Percentage of time used in the U.S.:</b>		100		



**A & W TRAVELS LLC**  
USDOT#: 3038127

Review Date:  
1/10/2018

## Part A

QUESTIONS regarding this report or the Federal Motor Carrier Safety or

Hazardous Materials rules may be addressed to the Office of Motor Carriers at:  
South Carolina State Transport Police/Motor Carrier Compliance Unit  
10311 Wilson Boulevard/ P.O. Box 1993  
Blythewood, SC 29106// Phone: (803) 896-5500/ Fax: (803) 896-5526

**This SAFETY AUDIT will be used to assess your safety compliance.**

**Person(s) Interviewed:**

**Name:** Maxie O Agnew Sr

**Title:** Partner

**Safety Investigator Name:** Jennings

**Code:** SC0163





**A & W TRAVELS LLC**  
USDOT#: 3038127

Review Date:  
1/10/2018

## Part B

Your Proposed Safety Audit Result is: **PASS**

### Explanation of Scoring Methodology

Factor	Failed Questions Critical	Acute	Performance Test Status	Total Points	Factor Status
1. General	0	0	—	0	PASS
2. Driver	0	0	—	0	PASS
3. Operations	0	0	—	0	PASS
4. Maintenance	0	0	PASS — 0.00 %	0	PASS
5. Hazardous Materials	—	—	—	—	—
6. Accidents	—	—	PASS — 0.00	—	PASS
<b>SUM</b>	<b>0</b>	<b>0</b>		<b>0</b>	<b>PASS</b>

**Result:** Carrier has adequate basic safety management controls in place.

NOTE: Carrier has the right to request a review of this determination if there are factual or procedural disputes.

#### HOW THE SA IS SCORED

**FACTORS** - The Federal Motor Carrier Safety and Federal Hazardous Material Regulations are categorized into six factors. Multiple questions address the various factors. The Part B Question & Answer Report lists the CFR section numbers related to each question.

**CRITICAL/ACUTE** - Questions are also defined as CRITICAL, ACUTE or neither depending on the significance of the underlying regulation. Questions are assigned a point value if they are incorrectly answered. Critical = 1 and Acute = 1.5. The point values are summed for each factor. Any factor with a point value of 3 or more is marked "FAILED".

**OUT OF SERVICE (OOS) RATE** - The Driver/Vehicle OOS rate is used in factor #4 as another question. If there have been at least three level 1, 2, or 5 North American Standard Inspections conducted over the past year, they will be summarized. If the summed OOS rate is 34% or above, one additional point is assigned to that factor.

**CRASH FACTOR** - Carriers are defined as urban or non-urban in order to compensate for the higher crash risk of urban operations. Urban carriers are defined as those that operate within a 100 air-mile radius. The crash rate for a carrier is calculated as accidents per million miles traveled. Factor #6 is "FAILED" if the urban carrier crash rate exceeds 1.7 or the non-urban carrier crash rate exceeds 1.5.

**OVERALL STATUS DETERMINATION** - Any carrier with 3 or more "FAILED" factors is deemed to have failed the Safety Audit by having inadequate safety management controls in place to operate in the U.S.